

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
reverse side)

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Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|                                                                                                                                                       |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection</u>                     | 7. UNIT AGREEMENT NAME                                                     |
| 2. NAME OF OPERATOR<br><u>CONOCO INC.</u>                                                                                                             | 8. FARM OR LEASE NAME<br><u>North El Mar Unit</u>                          |
| 3. ADDRESS OF OPERATOR<br><u>P. O. Box 460, Hobbs, N.M. 88240</u>                                                                                     | 9. WELL NO.<br><u>46</u>                                                   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface <u>Unit B</u> | 10. FIELD AND POOL, OR WILDCAT<br><u>El Mar Delaware</u>                   |
| 14. PERMIT NO.<br><u>660' FNL &amp; 1650' FEL</u><br><u>30-025-08311</u>                                                                              | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><u>Sec. 35-26S-32E</u> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                        | 12. COUNTY OR PARISH<br><u>Lea</u>                                         |
|                                                                                                                                                       | 13. STATE<br><u>NM</u>                                                     |

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

|                                                                      |                                          |
|----------------------------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>                              | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                          | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                       | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input checked="" type="checkbox"/> <u>temporary Abandon</u> |                                          |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

- ① MIRD. Rel pkr & POOH. Tag @ 4575'.
- ② Set CIBP @ 4484' & pkr @ 4452'. Test CIBP to 700 psi & CSG to 600 psi, held.
- ③ Circ. w/ 80 bbls pkr fluid. Rig down on 12/16/86.

APPROVED FOR 12 MONTH PERIOD  
ENDING 3/1/87

ACCEPTED FOR RECORD

MAR 25 1987

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED Wm. J. Finney DE FINNEY

TITLE Administrative Supervisor

DATE 3-6-87

FOR OFFICIAL OR STATE OFFICE USE

APPROVAL OF APPROVAL, IF ANY:

TITLE

DATE

\*See instructions on Reverse Side

RECEIVED  
MAR 27 1987  
OCD  
HOBBS OFFICE